			INTERNAL I	KMBS USE ONLY				
			CONTACT	INFORMATION				
Pre-Call / Confirmation Contact			Phone		E-Mail Address			
Cherlye Wood			(928) 474-3844		cwood@co.gila.az.us			
Primary Delivery Contact			Phone	Alternate Delivery Conta	act	Pho	ne	
Cherlye Wood			(928) 474-3844	Misti Williams	;	(928) 402	2-8745	
Accounts Payable Contact			Phone		E-Mail Address		E-0143	
Misti Williams			(000) 400 0745					
Meter Contact			(928) 402-8745 Phone	mwilliams@co.gila.az.us  E-Mail Address (Meters) Fax Number (Meter		· (Meters)		
Cherlye Wood			1 Hone	L-man Address (m	cters	T ax Humber	(inicicio)	
			(928) 474-3844	cwood@co.gila.az.us				
Sales Rep	<b>Sales Rep #</b> 9415280	Split %	Phone (602) 531-2910	Sales Rep Name (Please Print)  Jay W. Douglas				
Originating / Lead Order Taking / Selling	9415280		(602) 531-2910	Jay W. Douglas				
Servicing / Installing	9415280		(602) 531-2910	Jay W. Douglas				
Sales District #	94109			ss over-ridden by Master Agreement):				
			ADDITIONAL O	RDER INFORMATION				
			Cust	omer Type				
✓ State Government	☐ Federal Governmen	t 🗌 Ke	ey Account	lational Print for	Pay	☐ Branch	Windsor Commercial	
Deduction(s):								
Lease Reimb/Reb	ate (ZLEA):		☐ Service (ZSVC)         ☐ Shipping (ZADY)         ☐ O			Other (ZMO	Γ)	
						Describe:		
				ments & Attachments:	Formation		,	
Buyout Quote/Letter			DNA w/ vCare #: Equipment Removal Author		Exception hase Order	U Other	Describe	
☐ Check (Copy) ☐ Credit Application			Lease Document with Appro	<b>=</b>				
☐ Contingency Demo Ackno	owledgement		Lease Reimbursement/Reb		zxompt conmodic			
Delivery Pick-Up (See		Movement	Dealer Install	New Customer -	→ CRM Row ID	<u></u>	_	
-	- NO	Movement	Dealer Illistall	Date/Time Submitted to Ad				
Object Type:		-		Date/Time Submitted to Au				
		_	0					
Lease #:	Dat	e Document	Sent to Lease Company:  AGREEMEN	IT INFORMATION				
			AGREEMEN	Customer Co	ode 1			
PE # State of AZ Contract Agreement			ADSPO1		Customer Code 2			
Promotion #		ofleet / Price	Plan /	Customer Co	ode 3			
			COMMENTS & SF	PECIAL INSTRUCTIONS				
COUNTY ATTO	RNEY APPRO	VAL AS	TO FORM:					
÷.								
Bryan Chamb	ers, Chief	Deputy	County Attorn	ey	Dat	е		
			PRE-CALL / CONFI	RMATION INFORMATION				
SPOKE WITH:			DATE:		TIME:		_	
Confirmed Ship To Addre	ss $\square$	Confirmed D	Delivery Contact	Confirmed Alternate Conta		Confirmed Telep	phone #	
		ite Ready	Yes No	Delivery Hour		AM to	PM	
Delivery Entrance Yes		•	□ res □ No			/ed Thurs	Fri	
Front Back	∐ Side	o, When						
Loading Dock	☐ No		Elevator	No Equipmer	nt Pick-up required	I ☐ Ye	s 🗌 No	
	16		т.	ırns or Landings	□ No If v	yes, how many		
Stairs Yes No						yes, new many		
Special requirements (i.e. cer	rtificate of insurance	, security che	ck, customer comments, etc	5)				
If unable to reach the customer, list date/time attempted			4.6	2nd coll:		3rd call:		
	er, nor date/time atte	sinpieu	1st call:	2nd call:				
Intermediate Consignee				KIT #				
Order Package Edited By:			Date:	Credit Approval:		Date:		
SALES ORDER # 3rd Party Order		rd Party Order	#	PICK-UP ORDER #		SUPPLY ORDER #		
		Н		DELIVERY DOC #		DELIVERY DOC #		
DELIVERY DOC #	PO	7		DEMILITED DOC "				